

February 3, 2012

Dear Parents,

As part of your child's 6th grade Art curriculum this year we will be taking a trip the Milwaukee Art Museum on **March 6th**. Students will gain an overview of the Museum Collection on a docent led tour that will further their basic art vocabulary and critiquing skills. While at the MAM, students will also explore how and why art is created in different cultures.

In the visual world that we live in it is important to be able to reflect on our own and other's art making processes. This exposure allows your child to have a new experience with art that enriches their own engagement of their art making skills.

One of the main goals of art education is to get students to appreciate art. I am very proud of each and every one of my students and the effort that they put forth in the art classroom. Although they may not all end up being great artists – they all can be great at appreciating fine art.

After visiting the art museum we will travel to the Milwaukee Public Museum to eat lunch and see the IMAX movie *Mysteries of Egypt*. This movie correlates with our recently finished study of ancient Egypt highlighting life on the Nile River, Egyptian pharaohs, and Egyptian gods.

The total cost for this field trip is **\$14.00**. This will cover the cost of the art museum, the IMAX, and the buses. Please fill out the attached permission slip and return it to your child's homeroom teacher with cash or check, made out to Silver Lake Intermediate School, by **Friday, February 10th**.

Artfully yours,

Mrs. Schultz, Mrs. Gliniecki, Mrs. Charles, Mr. Fredricks, Ms. Gitter, Mrs. Hall, Mrs. Janis, Mr. Ryan Mrs. Schmidt and Mr. Schmidt

OCONOMOWOC AREA SCHOOL DISTRICT

PARENT/LEGAL GUARDIAN CONSENT FORM "A"
FOR FIELD TRIPS, EXTRACURRICULAR TRIPS, COCURRICULAR TRIPS, CONTESTS,
AND EXTENDED TRIPS

We, as parents or guardians of _____
(Name of Child)

Grant Our Permission

Do Not Grant Our Permission

and consent for such child to participate in the field trip, extracurricular trip, contest, or excursion,

described as Milwaukee Art Museum/IMAX to be held
(Description of Activity)

on March 6th, 2012. (See attached description)
(Date)

In granting such permission and consent, we specifically recognize that such consent and participation in specified trip is voluntary and that failure to grant consent will in no way result in any impact on the grade of such child for failure to participate in the trip.

In granting such permission and consent, we:

4. Acknowledge and assume full responsibility for any and all damage to person or property caused by our child or ward during such activity.
5. Expressly authorize emergency medical or dental treatment deemed necessary by the school district, its agents, and employees during such activity.
6. Expressly agree that in the event that any disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.

Health concerns or limitations: _____

Medication(s) currently taking: _____

Finally, we expressly acknowledge that we have carefully read this statement and understand its impact and effect. We acknowledge and understand that if we have any questions in regard to this statement that we have exercised our right to have it reviewed and further explained to us prior to our signing.

Dated this _____ day of _____, 20____.
(Signature of Parent or Guardian)

(Phone) (Address) (City) (State) (Zip)

Dear Parents,

As part of your child's trip to the museums in Milwaukee, we are looking for parent chaperones to accompany us.

We need ten chaperones for the Tuesday, February 28 trip (Mrs. Janis, Ms. Gitter, Mrs. Schmidt and Mr. Schmidt) and we need eight for the Tuesday, March 6 trip (Mrs. Hall, Mrs. Charles and Mr. Ryan). The numbers of needed chaperones are determined by the amount of students who will be attending.

These first 18 chaperones will be allowed to attend at a cost of \$5.00. The \$5.00 charge is for a ticket to see the I-MAX Theater at the Milwaukee Public Museum. There is no charge for entrance to the Milwaukee Art Museum for the first 18 chaperones.

We will gladly welcome and encourage more chaperones to attend, but there will be a cost of \$14.00 for each of the additional adults.

The "discounted" chaperones will be determined by the order that this chaperone slip is turned into the child's homeroom teacher... "First come, first discounted".

So, if you would like to chaperone our trip and enjoy the fabulous Milwaukee Art Museum, and Milwaukee Public Museum I-MAX theater please complete the bottom of this form as well as the standard OASD adult background check (attached) form and have your child hand it to his/her homeroom teacher as soon as possible. Please complete the form even if you have already done so recently.

Thank you for your support,
Mrs. Schultz, Mrs. Gliniecki, Mrs. Charles, Mr. Fredricks, Ms. Gitter, Mrs. Hall, Mrs. Janis, Mr. Ryan Mrs. Schmidt and Mr. Schmidt

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_____ I would like to attend the trip to Museum in Milwaukee

on Tuesday, _____.

I will pay \$5.00 dollars now, but I will be asked to pay an additional \$9.00 if I am not one of the first chaperones to sign up and turn in my slip.

Chaperone Name:

(Signature)

(Printed)

Your Child:

(Name)

(Homeroom Teacher)

CRIMINAL BACKGROUND CHECK PROCEDURES - VOLUNTEERS
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VOLUNTEER APPLICATION AND CONSENT FORM

It is the policy of the Board of Education of the Oconomowoc Area School District to conduct criminal background checks of all individuals seeking to serve as volunteers who work one-on-one, alone with students in our school or who accompany students on overnight activities. The information provided below will only be used to conduct such background check.

All information must be provided.

NAME: _____
(Last) (First) (Middle)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SEX: _____ RACE: _____ DATE OF BIRTH: _____

MAIDEN/OTHER NAMES: _____

I HAVE CHILDREN AT THESE SCHOOLS: ☐Greenland ☐Ixonia ☐Meadow View

☐Park Lawn ☐Summit ☐Nature Hill ☐Silver Lake ☐Oconomowoc High School

All information provided above is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal as a volunteer.

I voluntarily and knowingly authorize any government agency, its officers, employees and agents to release any and all information regarding my criminal history to the Oconomowoc Area School District, its officers, employees and agents.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such agency, its officers and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorneys fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.

Signature _____ Date _____

REVISED: October 27, 2008